

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Colin Uebergang

Application No.: 10/570,730

Confirmation No.: 7286

Filed: March 6, 2006

Art Unit: N/A

For: TREE PRUNING APPARATUS

Examiner: Not Yet Assigned

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced
Patent Application:

1. Fee Transmittal (1 page);
2. Declaration and Power of Attorney for Patent Application (3 pages); and
3. Copy of Notification of Missing Requirements Under 35 U.S.C. 371 (2 pages).

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be
filed or which should have been filed herewith (or with any paper hereafter filed in this

application by this firm) to our Deposit Account No. 07-1180, under Order No. PIZ-10502/00.

Dated: December 11, 2006

Respectfully submitted,

Electronic signature: /Ronald W. Citkowski/
Ronald W. Citkowski

Registration No.: 31,005
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| | | | |
|--|--|--------------------------|------------------|
| <i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/570,730 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$ 65.00) | | Filing Date | March 6, 2006 |
| | | First Named Inventor | Colin Uebergang |
| | | Examiner Name | Not Yet Assigned |
| | | Art Unit | N/A |
| | | Attorney Docket No. | PIZ-10502/00 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|---|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 07-1180 Deposit Account Name: Gifford, Krass, Groh, Sprinkle, Anderson & | | | | |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s), under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|---------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | Fee (\$) | Fee (\$) |
|--|--------------|----------|----------|
| Each claim over 20 (including Reissues) | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | 200 | 100 |
| Multiple dependent claims | | 360 | 180 |

| | | | |
|--------------|--------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|

| | | | |
|--------|---|---|--|
| - 20 = | x | = | |
|--------|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

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|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|

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|-------|---|---|--|
| - 3 = | x | = | |
|-------|---|---|--|

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

| | |
|----------|---------------|
| Fee (\$) | Fee Paid (\$) |
|----------|---------------|

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 | (round up to a whole number) x | = | |

4. OTHER FEES (\$)

| | |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | Fee Paid (\$) |
| Other (e.g., late filing surcharge): Late filing of Declaration | 65.00 |

SUBMITTED BY

| | | | | | |
|-------------------|----------------------|--------------------------------------|--------|-----------|-------------------|
| Signature | /Ronald W. Cikowski/ | Registration No. (Attorney/Agent) | 31,005 | Telephone | (248) 647-6000 |
| Name (Print/Type) | Ronald W. Cikowski | | | Date | December 11, 2006 |